



October 21, 2019

Ms. Brandy Grossman  
Director  
Parker Personal Care, Inc.  
103 Seward Street  
Parker, Pennsylvania 16049

RE: Parker Personal Care Facility  
Certificate #: 426560

Dear Ms. Grossman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 9, 2019 and June 20, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", is written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

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## Violation Report

SEP 05 2019

## Facility Information

WEST REGION FIELD OFFICE

Human Services Licensing

License Number: 42656

Name: PARKER PERSONAL CARE FACILITY  
 Address: 103 SEWARD STREET,, PARKER, PA 16049  
 County: ARMSTRONG Region: WESTERN

## Administrator

Name: Brandy Grossman Phone: 7243994356 Email: BRANDYLGROSSMAN@GMAIL.COM

## Legal Entity

Name: PARKER PERSONAL CARE INC  
 Address: 103 SEWARD STREET, PARKER, PA, 16049

## Certificate(s) of Occupancy

Type: I-1 Date: 11/02/1991 Issued By: City of Park

## Staffing Hours

Resident Support Staff: Total Daily Staff: 37 Waking Staff: 28

## Inspection

Type: Full BHA Docket #: Notice: Unannounced  
 Reason: Renewal, Complaint

## Inspection Dates and Department Representative

06/19/2019 - On-Site: Karen Georgoulis, Deb McConnell

06/20/2019 - On-Site: Karen Georgoulis, Deb McConnell

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 40 Residents Served: 32

## Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 3

## Number of Residents Who:

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 29  
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 5 Have Physical Disability: 0

PARKER PERSONAL CARE FACILITY

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15b - Supervisor Plan

SEP 05 2019

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 5/7/19, AAA Protective Services was at the home to investigate an allegation of abuse that direct care staff person A pushed resident #1 into a chair during the first two weeks of April, 2019. The home did not immediately develop and implement a plan of supervision approved by the Department or suspend direct care staff person A.

Plan of Correction (POC)

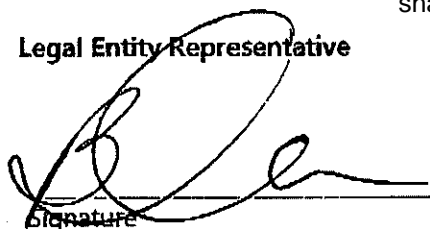
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH suspended staff person A immediately upon inspection. The staff person did not return until investigation was completed.

Parker PCH will immediately develop & implement a plan of supervision for any future allegations of abuse.

Immediately: All staff persons shall be educated on the policy and procedures for the suspension or supervision of staff persons alleged of abuse. Documentation shall be kept. The administrator shall review all allegations of abuse to ensure the policy and procedures are followed. 9/9/19

Legal Entity Representative


  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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The above plan of correction is approved as of 9/9/19 (Date)

Plan of correction implementation status as of 9/9/19 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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16c - Written Incident Report

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/7/19, AAA Protective Services was at the home to investigate an allegation of abuse that direct care staff person A pushed resident #1 into a chair during the first two weeks of April, 2019. The home did not report the incidents to the Department.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH was unaware of this allegation until AAA was present in the home. The AAA investigation was unfounded. Parker PCH immediately sent an incident report to DHS upon inspection & discovery that report was to be sent. Parker PCH will immediately send incident reports to DHS for any allegations.

Legal Entity Representative

Immediately: The administrator shall review all reportable incidents and conditions weekly to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16(c). 9/9/19


  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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20b3 - Written Receipts

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management for resident #2. On 5/21/19, a cash disbursement of \$40.00 was made to resident #2. However, the home did not obtain a written receipt from the resident for the disbursement.

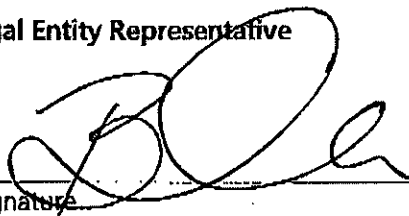
Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediately Parker PCH obtained a written signature for the cash disbursement. Admin immediately gave the remainder of cash to the resident & will no longer be holding cash for any resident.

\* See attached

Legal Entity Representative



Signature

Brandy Grossman/Admin 9/3/19

Printed Name and Title

Date

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20b8 - Quarterly Account

SEP 05 2019

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial management for resident #2. Resident #2 or the designated person did not received a quarterly account of financial transactions on the residents behalf during the 2018 year.

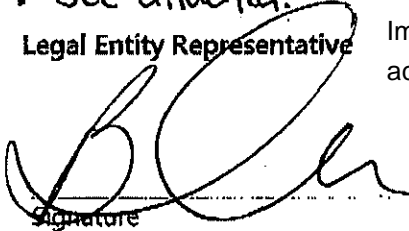
Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH immediately gave all remaining funds to the resident. Parker PCH will no longer hold cash amounts for any residents. This money was given to the resident by the local VFW for being a veteran on Christmas. Parker PCH does not typically hold any monies for residents.  
\* see attached.

Legal Entity Representative

Immediately: The administrator shall provide all residents and their designated persons a quarterly account of financial transactions for 2018 and 2019. 9/9/19



Signature

Brandy Grossman/Admin 9/3/19  
Printed Name and Title Date

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25b - Contract Signatures

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, dated 9/10/18, was not signed by the resident.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Admin immediately had resident #1 sign the contract.

Parker PCH will check all signature pages for resident signatures + ensure all future contracts are signed by the resident before filing.

See attached  
Legal Entity Representative

Immediately: The administrator or designated staff person shall review all current resident contracts to ensure the required signatures are present. 9/9/19


  
Signature

Brandy Crossman/Admin 9/3/19  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
Human Services Licensing

25c12 - Bed Hold

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract, dated 9/10/18, for resident #1 does not include the charges for holding a bed during an absence. The section was blank.

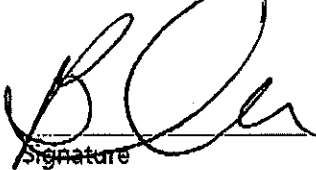
Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The contract was immediately updated to the correct documentation for bed holds.

Parker PCH will ensure all contracts are filled out completely before filing.

\* See attached  
Legal Entity Representative


  
Signature

Brandy Erasmann/Admin 9/8/19  
Printed Name and Title Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/19/19 at 11:00 a.m., the temperature of the freezer section of refrigerator/freezer #10 measured 10 degrees Fahrenheit. The freezer temperature was rechecked on 6/20/19 at 9:39 a.m. and measured 8 degrees Fahrenheit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH immediately relocated all food items to another freezer until freezer #10 reached the correct temp. Parker PCH will check freezer + refrigerator temps daily. Any temps out of compliance will be rechecked + food will be removed + placed in compliant freezers + refrigerators. on 6/28/19 kitchen staff was trained on this regulation. \* see attached

Legal Entity Representative

*[Handwritten Signature]*

Signature

Brandy Grossman / Admin 9/3/19

Printed Name and Title

Date

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103g - Storing Food

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/19/19, there were open and unsealed food items on the bread shelf in the back pantry of the kitchen, to include:

- \* Two loaves of sliced, Texas toast bread one with five slices and another with seven slices.
- \* A 1lb 8oz loaf of Nickle's 100% whole wheat bread with approximately 8 slices in bag.
- \* A package with two hoagie buns.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

immediately all 3 bags of bread were sealed with twist ties. kitchen staff was trained on this regulation on 6/28/19.

Immediately: The administrator or designated staff person shall check all food storage areas weekly to ensure all food items are stored in closed or sealed containers. 9/9/19

*[Handwritten signature]*

\* See attached  
Legal Entity Representative

*[Handwritten signature]*  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
Human Services Licensing

107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 6/20/19, the home served 31 residents, requiring a minimum of 93 gallons of emergency drinking water. However, there was no emergency water available in the home. The home does not have a contractual agreement with a vendor to deliver drinking water in the event of an emergency.

Plan of Correction (POC)

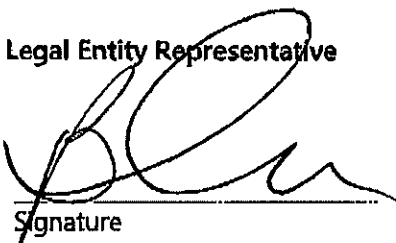
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

immediately Parker PCH purchased + stocked emergency water. DHS inspectors saw water on-site before exit.

Parker PCH will maintain the correct amount of emergency water at all times.

Immediately: The administrator or designates staff person shall check the emergency supply of water to ensure the correct amount of water is on hand in accordance with regulation 2600.107(c). 9/9/19

Legal Entity Representative

  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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WEST REGION FIELD OFFICE  
Human Services Licensing

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's most recent fire drill conducted during sleeping hours was on 4/8/18 at 1:45 a.m.

Plan of Correction (POC)

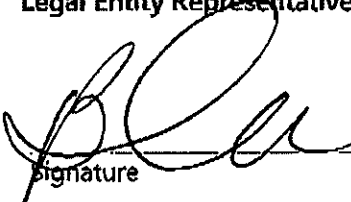
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH performed a fire drill @ 8:30p. once it was discovered that this hour is not considered sleeping hours, another fire drill was conducted @ 5AM during the hours reported as acceptable.

Parker PCH will conduct the 2 required sleeping hour fire drills as required every 6 months.

\* See attached  
Legal Entity Representative

Immediately: The administrator shall review the fire drill record monthly to ensure a sleeping hour fire drill is conducted at least once every six months. 9/9/19


  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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SEP 05 2019

161d - Dietary Needs

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On 6/19/19 resident #1 was served a lunch consisting of a large uncut piece of lasagna, measuring approximately 7" by 5" by 2 1/2" high. The lasagna consisted of noodles, ricotta cheese and meat sauce. Resident #1 is prescribed a mechanical soft diet, thin liquids and a diabetic 2000-2200 diet as indicated in the resident's medical evaluation, assessment, and support plan dated 5/24/19. The dietary binder and the wall chart in the kitchen indicate a diabetic diet.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

This resident is currently on hospice + was removed from these diet restrictions. Parker PCH immediately obtained the discontinu report for the diet + updated the residents care plan. Copy was provided to inspector. Immediately Parker PCH checked all diets + compliance w/diets. Parker PCH will continue to comply with diet restrictions  
\* See attached

Legal Entity Representative

Immediately: All staff persons involved in the preparation and serving of food and drinks shall be educated on each residents special dietary needs. Documentation shall kept. 9/9/19

  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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SEP 05 2019

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187a - Medication Record

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 9. Administration times.

Description of Violation

Resident #1's June medication administration record (MAR) indicates the resident is prescribed Isoptoatropine, 1% eye drop, give 2 drops sublingually every 1 hour as needed for secretions/increased mucus. However, the physician order dated 6/1/19 and the pharmacy label indicate, Atropine oral solution 1%, instill 2 drops under the tongue every 1 hour as needed for terminal secretions.

Resident #1's June MAR indicates the resident is prescribed ted hose Md/RG knee, apply when out of bed as needed. However, the physician order dated 3/22/19 and pharmacy label indicate, Ted hose compression stockings, apply daily when out of bed.

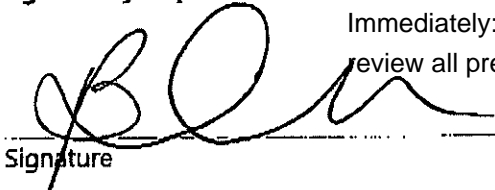
Plan of Correction (POC)

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Parker PCH immediately notified the pharmacy of the label misdocumentation. The order was changed same day. The ted hose were discontinued 6/24/19. Further, Parker PCH will immediately check + compare all orders to the MAR to guarantee correct documentation. \* See attached

Legal Entity Representative

Immediately: The administrator or designated staff person qualified to administer medications shall review all prescription orders, MARs, and medication labels for accuracy and completeness. 9/9/19

  
Signature

Brandy Grossman / Admin 9/3/19  
Printed Name and Title Date

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225c - Additional Assessment

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

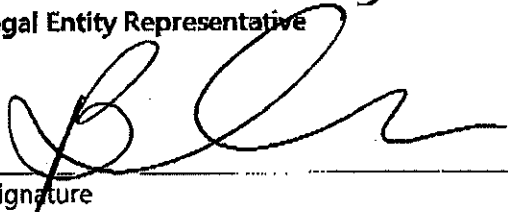
Resident #1 is prescribed compression stockings/ted hose, to be worn daily when out of bed for increased circulation/edema. However, resident #1's assessment, dated 5/24/19, does not include an assessment and need for the prescribed compression stockings/ted hose.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Parker PCH immediately obtained the discontinue order for the ted hose. Resident is on hospice + ted hose are discontinued as they do not provide comfort to the resident. A copy of the discontinue order was provide to Parker PCH on 6/24/19. Parker PCH will immediately review assessments to ensure documentation accuracy + consistency. Parker PCH will carefully review all assessments prior to profiling.

Legal Entity Representative



Signature

Brandy Grossman / Admin 9/3/19


Printed Name and Title

Date

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